

FEDERAL WAGE SYSTEM - ESTABLISHMENT INFORMATION

OMB No. 3206-0036
OMB approval expires Nov 30, 2024

The public reporting burden to complete this information collection is estimated at 1.5 hours per response, including time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to the Department of Defense, ATTN: dodhra.mc-alex.dcpas.mbx.wage@mail.mil. Current information regarding this collection of information -- including all background materials -- can be found at <https://www.reginfo.gov/public/do/PRAMain> by using the search function to enter either the title of the collection (Establishment Information Form) or the OMB Control Number (3206-0036)

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.

| 1. ESTABLISHMENT NAME AND ADDRESS <i>(Include Apartment or Suite Number and 9-digit ZIP Code)</i> | | | | 2. WAGE AREA | | | | | | | | | | | | | | | | | | | | | |
|--|-----------|---|-------------------------------------|--|-------------|--|--|----------------------|-----------|-------------------------------------|-------------------------------------|----------|-------------|--------------|-------|------|-------|------|------|--|--|--|--|--|--|
| | | | | 3. DATE OF CONTACT (YYMMDD) | | 4. TELEPHONE NUMBER <i>(Include Area Code and Extension)</i> FAX | | | | | | | | | | | | | | | | | | | |
| 5. NAME AND TITLE OF PERSON(S) INTERVIEWED | | | | 6. PRODUCT OR SERVICE OF ESTABLISHMENT a. MAJOR INDUSTRY b. SPECIFIC PRODUCTS OR SERVICES | | | | | | | | | | | | | | | | | | | | | |
| 7. AREA CODE | | 8. ESTABLISHMENT CODE | | 9. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE | | 10. ESTABLISHMENT WEIGHT | | | | | | | | | | | | | | | | | | | |
| 11. TOTAL NUMBER EMPLOYEES IN ESTABLISHMENT | | 12. TOTAL NUMBER BLUE-COLLAR EMPLOYEES SAMPS: | | 13. OVERTIME PAY PROVISIONS <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">DAILY</th> <th colspan="2">WEEKLY</th> <th>SUNDAY</th> <th>HOLIDAY</th> </tr> <tr> <th>RATE</th> <th>HOURS</th> <th>RATE</th> <th>HOURS</th> <th>RATE</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | | | DAILY | | WEEKLY | | SUNDAY | HOLIDAY | RATE | HOURS | RATE | HOURS | RATE | RATE | | | | | | |
| DAILY | | WEEKLY | | SUNDAY | HOLIDAY | | | | | | | | | | | | | | | | | | | | |
| RATE | HOURS | RATE | HOURS | RATE | RATE | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. NUMBER OF HOURS IN NORMAL WORKWEEK | | 15. MONTH GENERAL WAGE ADJUSTMENTS ARE NORMALLY EFFECTIVE 99 = NO SET MONTH 1 = JANUARY ETC. | | 16. CONTRACT OBTAINED <i>(X one)</i> <input type="checkbox"/> Y = Yes N = No R = Rate Sheet | | 17. NON-PAR CODE | | | | | | | | | | | | | | | | | | | |
| 18. GENERAL WAGE ADJUSTMENTS | | | | 19. ADDITIONAL PAY ELEMENTS <i>(Explain in Remarks)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. DATE (YYMMDD)</td> <td style="width: 15%;">b. AMOUNT</td> <td style="width: 15%;">c. INCREASE/DECREASE (Enter I or D)</td> <td style="width: 15%;">d. INCLUDED IN RATES (Enter Y or N)</td> <td style="width: 15%;">a. BONUS</td> <td style="width: 15%;">b. LUMP SUM</td> <td style="width: 15%;">c. INCENTIVE</td> </tr> </table> | | | | a. DATE (YYMMDD) | b. AMOUNT | c. INCREASE/DECREASE (Enter I or D) | d. INCLUDED IN RATES (Enter Y or N) | a. BONUS | b. LUMP SUM | c. INCENTIVE | | | | | | | | | | | |
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| | | | | 20. COST OF LIVING ALLOWANCE (COLA) a. COLA FORMULA = 1 CENT b. BASE PERIOD () 1967 = 100 () 1982-84 = 100 c. INDEX () CPI - U () CPI - W d. PAY ON e. USING CONSUMER PRICE INDEX (CPI) FOR | | | | | | | | | | | | | | | | | | | | | |
| 21. COLA TIED DIRECTLY TO CPI Y or N | | 21. DATE AND AMOUNT OF ADJUSTMENTS | | | | c. FOLD-IN | | d. CARRY-OVER | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. REMARKS Mailing Address: | | P.O. Box: _____ City: _____ State: _____ Zip Code: _____ Zip + 4: _____ Prior Est Code _____ _____ _____ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| 23. PRINTED NAME AND SIGNATURE | | | | 24. PRINTED NAME AND SIGNATURE | | | | | | | | | | | | | | | | | | | | | |
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